



## OFFICE OF THE CITY LICENSE INSPECTOR

320 EAST MCCARTY ST.

JEFFERSON CITY, MO 65101

PHONE: (573)634-6322 FAX: (573)634-6329

EMAIL: [BILLING@JEFFCITYMO.ORG](mailto:BILLING@JEFFCITYMO.ORG)

### **TEMPORARY LICENSE APPLICATION**

YOU MAY NOT CONDUCT BUSINESS UNTIL BUSINESS LICENSE IS APPROVED AND ISSUED.  
LICENSE MUST BE TURNED IN AT LEAST 3 BUSINESS DAYS PRIOR TO CONDUCT OF BUSINESS.

#### REQUIREMENTS:

1. Completed license application and license fee payment (\$10). License cannot exceed 14 days.
2. **License must be carried on applicant/persons at all times.**
3. List of basic information on each employee if applicable.

Date(s) License is needed: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Mailing \_\_\_\_\_

Address: \_\_\_\_\_

Temporary Location: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Sales Tax Number: \_\_\_\_\_

Type of Goods to be Sold and Value of: \_\_\_\_\_

Name and Address of Manufacturer of \_\_\_\_\_

Goods: \_\_\_\_\_

Method of Delivery of Goods (if delivered  
at a later date, you will need to file a  
surety bond with the City in the amount  
of \$10,000): \_\_\_\_\_

Vehicle Year/Make/Model/Color: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_

#### EMPLOYEE LISTING (USE REVERSE SIDE OF SHEET IF NEEDED):

EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____

CONTINUED ON REVERSE SIDE →

EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

-----

APPROVAL SIGNATURES

Director of Finance: \_\_\_\_\_ Date: \_\_\_\_\_

*Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.*